

EXHIBIT K

NYS-45-MN (1/05)Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return

Reference these numbers in all correspondence:

UI Employer
Registration Number 4641541 9Withholding
Identification Number 113150042 8Employer Legal Name:
B & M L INENCheck only one box to indicate the quarter
(a separate return must be completed for each
quarter) and enter the tax year.Jan 1 -
Mar 31 Apr 1 -
Jun 30 July 1 -
Sep 30 Oct 1 -
Dec 31 X 05
1 2 3 4 Y Y

If seasonal employer, mark an X in the box.....

FOR OFFICE USE ONLY

Postmark _____

Received Date				
UI SK	AI	SI	WT SK	

Number of Employees

Enter the number of full-time and part-time covered
employees who worked during or received pay for the
week that includes the 12th day of each month.

a. First Month

b. Second Month

c. Third Month

119

Part A - Employment Insurance (UI) Information

Part B - Withholding Tax (WT) Information

1. Total remuneration paid this quarter	513123 . 0 0	12. New York State tax withheld	11443 . 80
2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1	404637 . 0 0	13. City of New York tax withheld	6215 . 21
3. Wages subject to contribution (subtract line 2 from line 1)	108486 . 0 0	14. City of Yonkers tax withheld	0.00
4. UI contributions due Enter your Tax rate 3.3250%	3607.16	15. Total tax withheld (add lines 12, 13 and 14)	17659 . 01
5. Re-employment service fund (multiply line 3 x .00075)	81 .36	16. WT credit from previous quarter's return (see instr.) ...	0.00
6. UI previously underpaid with interest	0 .00	17. Form NYS-1 payments made for quarter	0.00
7. Total of lines 4, 5, and 6	3688 . 52	18. Total payments (add lines 16 and 17)	0.00
8. Enter UI previously overpaid	0 .00	19. Total WT amount due (if line 15 is greater than line 18, enter difference) ..	17659 . 01
9. Total UI amounts due (if line 7 is greater than line 8, enter difference).	3688 . 52	20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)	0.00
0. Total UI overpaid (if line 8 is greater than line 7, enter difference and check box 11 below)*	0 .00	20a. Apply to outstanding liabilities and/or refund ...	or 20b. Credit to next quarter withholding tax
1. Apply to outstanding liabilities and/or refund		21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes)	21347 . 53

* An overpayment of either tax cannot be used to offset the amount due on the other tax.
Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

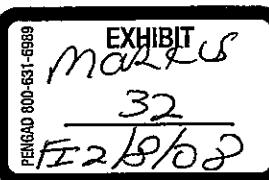
Part C - Employee Wage and Withholding Information

Quarterly employee/payee wage reporting information (if more than 5 employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT).

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns (d) and (e).

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld



Totals (Column (c) must equal remuneration on line 1; see instructions for exceptions).

I sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct and complete.

Taxpayer's signature

Signer's name (please print)

Title

Date
10-17-2007

Telephone number

Withholding
Identification Number 113150042 8



Part D - NYS-1 Corrections/Additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

^a Original last payroll date reported on Form NYS-1, Line A (MMDD)	^b Original total withheld Reported on Form NYS-1, Line 4	^c Correct last payroll date (MMDD)	^d Correct total withheld
-----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------	--------------------------------------------------

Part E - Change of business information

22. Enter below the address at which you want to receive this form, if different from the preprinted address.

Taxpayer's trade name		
c/o: <input type="checkbox"/> attn: <input type="checkbox"/> (if applicable, mark either box and enter name)		
Number and street or PO box		
City	State	ZIP code

If the above address is for your paid preparer, check box

23. If you *permanently ceased paying wages*, enter the date (MMDDYY) of the final payroll
(see Note below)

24. Did you sell or transfer all or part of your business? Yes No

If Yes, indicate if sale or transfer was in Whole or Part

Complete Form DTF-95, *Business Tax Account Update*, to report changes in federal identification number/ withholding ID number, ownership, business name, business activity, telephone number, owner/officer/partner/responsible person information or changes that affect any other tax administered by the NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call 518) 485-8589.

If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's use	Preparer's signature	Telephone number	Date	Mark an X if self-employed	Preparer's SSN or PTIN
		7189346445	101707		
	Preparer's firm name (or yours, if self-employed) WEINSTEIN, GALAK & Co	Address	3105 BRIGHTON 3RD ST., BROOKLYN, NY 11235	Preparer's EIN	201069826
Payroll service name			Payroll service's EIN		

Checklist for mailing:

- File original return and keep copy for your records
 - Complete lines 9 and 19 to ensure proper credit of payment
 - Enter your Withholding ID Number on your remittance
 - Make remittance payable to *NYS Employment Taxes*
 - Use enclosed envelope for mailing completed return and remittance
 - Enter your telephone number in boxes below your signature
- Need help or forms? Call 1 800 972-1233

Mail to:

NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT-MN
(1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


6 0 5 2 1 4 1 5

Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return
Employer Legal Name:

B & M LINEN

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	X	Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY		

B. Other wages only reported on this page C. Seasonal employer

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
1329 08834	ABRAHAM, SIMONIS Supervisor	5415.00	20000.68	882.79	
5836 92982	ACEVEDO, JOSE worked 1 month	1913.13	1913.13	46.60	
5773 13915	ADEDAUBA, YACOUBA Supervisor	5790.00	21365.00	707.09	
0837 66909	AFOLABI, LASUPO part Time	5950.00	22454.15	980.20	
0846 73543	AGULLAR, REMEDIOS	4120.40	15878.03	370.74	
1337 25685	ALCANTARA, VICTOR Independent	7090.00	25980.00	1331.07	
6106 60103	ALVAREZ, CLAUDIA	4179.73	15684.92	431.65	
0876 23014	ALVAREZ, JOSE A worked 1 week	0.00	147.00	0.60	
1178 65625	ALVAREZ, JOSE JULIO	6769.90	24970.10	1137.31	
5489 99956	ALVAREZ, MODESTA	4645.53	16794.07	604.58	
1219 27959	AMARO, ISABEL M	4391.48	15035.81	370.38	
1027 16820	AUGUSTIN, ESPFANIA	3805.99	10243.55	245.30	
5925 42125	BAPTISTE, SONILIA Supervisor	4753.65	16920.76	613.76	
0371 64218	BARRUNDIA, LESTER worked 1 month	0.00	897.00	19.81	
5845 11702	BATISTA, DEMENCIO worked 1 month	175.00	1049.99	25.72	
7290 50437	BEATO, YUNICY Part Time	4061.75	11857.39	249.60	
Page No. 1 of 12 Total this page only		63061.56	221191.58	8017.20	
If first page, enter grand totals of all pages		513122.82	1869439.98	64484.52	

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

NYS-45-ATT-MN
(1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

1	2	3	<input checked="" type="checkbox"/> 4	5	Tax Year
---	---	---	---------------------------------------	---	----------

B. Other wages only reported on this page C. Seasonal employer

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
113827056	BENITEZ, ANNA	4237.99	16218.47	473.72	
089554763	BENLTEZ, ESTHER Part Time	0.00	1588.50	6.69	
090589888	BERRIOS, EVELYN office	3425.00	14425.00	429.27	
580058819	BLYDEN, GRACIA	2857.84	12768.21	385.63	
123688132	BOBET, ILKA Part Time	3781.45	6714.75	181.90	
090602672	BOBET, SANTOS R Part Time	5975.00	7132.14	340.89	
141114586	BOUDA, YABRE VICTOR Supervisor	5669.43	22194.11	887.82	
142749630	BRAVO, MIRIAN	4598.29	17885.06	441.41	
765073771	CABRERA, LEONEL	7009.09	18707.42	955.29	
629117120	CANSINO, ANDREA Supervisor	2846.25	4100.25	26.44	
073562365	CASANOVA, VICTOR working 1 Month	0.00	1113.00	4.92	
098781009	CASTELAN, ROCIO	3651.27	5560.77	105.47	
582739111	CASTELL, DAVID Part Time	7000.00	22533.32	958.57	
055094764	CASTILLO, ABDULIO Part Time	4188.00	6853.50	149.67	
099821093	CEBALLAS, ALTAGRACI	3608.76	14903.70	439.03	
936769221	CISSE, CHERIF M worked 1 week	0.00	216.00	3.29	
Page No. 2 of 12 Total this page only		58848.37	172914.20	5790.01	
If first page, enter grand totals of all pages					

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only
Postmark

--	--	--	--

--	--	--	--

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/05) and Unemployment Insurance Return - Attachment


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31 <u>1</u>	Apr 1- Jun 30 <u>2</u>	July 1- Sep 30 <u>3</u>	Oct 1- Dec 31 <u>4</u>	<u>05</u>	Tax Year
------------------------------	------------------------------	-------------------------------	------------------------------	-----------	-------------

B. Other wages only reported on this page C. Seasonal employer **Quarterly employee/payee wage reporting information****Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
112943728	CISSE, INZA <i>part Time</i>	4524.39	12503.44	413.49
107647103	CLEMENTE, JOHNNY <i>worked 1 week</i>	0.00	1127.75	17.22
624322747	CORDOBA, MARITZA	4160.47	12417.05	334.55
581819353	CORTES, ORLANDO <i>worked 1 Month</i>	0.00	1236.00	34.24
581791025	CRUZ, SUJALLY <i>Supervisor</i>	3508.75	12739.77	236.13
583338095	DAVILA, EDWIN <i>worked 1 week</i>	0.00	489.00	6.54
094902958	DELGADO, UBALDO <i>worked 1 Month</i>	0.00	879.00	8.67
059728265	DESTIR, SIMONE <i>Part Time</i>	4110.26	14979.99	466.63
093788398	DIALLO, AMADOU <i>worked 2 weeks</i>	0.00	573.00	4.20
105902976	DIAZ, JOSE	4852.40	10763.66	425.88
054759853	DIAZ, SUSANA	4096.04	15060.06	412.59
130904336	DIBY, BEKANITY	0.00	7388.85	299.35
078940356	DJABAJKATIE, DEYADE <i>Supervisor</i>	4589.39	14905.38	350.97
066903365	DYITEYE, AISSA	1592.42	11891.62	295.63
054702999	ESCONO, LUZ <i>Supervisor</i>	5590.94	20832.86	843.68
063721818	ESQUILIN, GEORGE <i>worked 1 month</i>	0.00	501.00	4.72
Page No. <u>3</u> of <u>12</u> Total this page only			37025.06	138288.43
If first page, enter grand totals of all pages				4154.49

Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

For office use only
Postmark _____

Received date _____



NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/05) and Unemployment Insurance Return - Attachment


6 0 5 2 1 4 1 5

Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	<input checked="" type="checkbox"/> Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY	

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insir.)	e Total tax withheld
767248107	FERNANDEZ, FRANCIS	4080.13	15188.74	491.02
106602339	FLORES, DIONICIA E working 1 week	0.00	1125.00	19.08
105686832	FLORES, EDGAR Part Time	6300.00	23820.00	1155.87
070449128	FLORES, MARILU	3501.00	9671.75	198.09
120520143	FONT, GEORGE D did special Job for 3 months	0.00	16162.52	754.11
063622798	FRANCISCO, ROMAN Part Time	5000.00	17569.49	595.29
088823633	FRANCO, ANGELA L.	3411.65	8963.97	219.66
118928787	FRANCO, ROSA working 1 Month	0.00	1140.00	0.36
584049432	FRED, BARRY Part Time	2725.15	4748.40	96.95
132947876	GARCIA, MARIA Part Time	3680.27	6812.27	98.21
	GLADSKOV, MICHAEL			
081641533	GOMES, GUSTAVO worked 3 weeks	0.00	1085.73	44.39
963741381	GONZALEZ, NORMA Part Time	2080.01	2842.14	80.17
123545225	GREEN, BRUCE P Part Time	0.00	6648.27	63.63
079603369	GUERRERO, GALO works by calls	0.00	13445.28	595.21
115920655	GUGKAEV, RUSLAN K	0.00	18424.50	1041.21
Page No. 4 of 12 Total this page only		30778.21	149273.05	5570.83
If first page, enter grand totals of all pages				

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

Received date



NYS-45-ATT-MN
(1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
A. Original **or Amended return**

1	2	3	X	5	Tax Year
Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	YY	

Employer Legal Name:

B & M LINEN

B. Other wages only reported on this page **C. Seasonal employer** **Quarterly employee/payee wage reporting information****Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
121580458	GURIERREZ, JORGE <i>worked 3 weeks</i>	0.00	1977.00	44.37
077574761	GUTIERREZ, GERRARDO <i>worked 3 weeks</i>	0.00	1236.00	26.06
597429084	GUZMAN, VIOLETA <i>Supervisor</i>	4900.27	15641.50	437.38
060883871	HEREDIA, WILLIAM	4133.53	14830.69	511.35
980715465	HERNANDEZ, ANTONIA	4048.89	15442.86	340.02
058900017	HERNANDEZ, CARLA	4530.09	15463.09	397.57
040422102	HERNANDEZ, DIONICIA	4032.07	10325.76	173.13
087889231	HERNANDEZ, JILOMENA <i>Supervisor</i>	4442.61	17695.72	577.80
129822521	HERNANDEZ, WENDY	3638.51	13392.34	262.11
295647291	HERNANDEZ, ZENAIDA	4423.28	15512.17	380.36
110724822	JAVIER, DULCE <i>worked 1 month</i>	0.00	3697.00	45.39
069922336	JEAN, RENEL <i>Part Times</i>	4670.00	17560.00	514.58
058727245	JOURDAIN, CLERMELIE <i>Supervisor</i>	4411.50	16400.00	509.18
134782853	KAMISSOKO, DIOMA <i>worked 1 month</i>	0.00	3603.78	102.64
080943235	KAYBALEV, RAMIN <i>worked 2 week</i>	0.00	999.98	54.56
122523183	KING, AARON <i>worked 1 week</i>	0.00	204.00	0.00
Page No. 5 of 12 Total this page only		43230.75	163981.89	4376.50
If first page, enter grand totals of all pages				

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

Received date

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/05) and Unemployment Insurance Return - Attachment


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	<input checked="" type="checkbox"/> 05	Tax Year
1	2	3	4	<input type="checkbox"/> YY	

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
582873902	LACEN, ANGEL	Part Time 5600.00	21175.00	745.25	
582872870	LACEN, ELIECER	part time 4550.00	17025.00	443.08	
098826533	LAJARA, ALTAGRACIA	worked 1 month 0.00	1500.08	30.44	
	LEON, BRAULIO A				
6542016	LICONA, JOSE	worked 1 month 0.00	2564.75	52.36	
134842253	LINARES, CAROLINA D	worked 2 weeks 0.00	770.90	9.72	
055923980	LOPES, JOSE	5921.99	19339.25	711.31	
116861289	MAISONAVE, NANCY	4387.82	17027.45	593.78	
584877651	MALDONADO, JOSE	-10512.75	0.02	0.00	
5847651	MALDONADO, JOSE	4572.25	15085.02	462.60	
099644972	MANGRUM, MARGUIS	6507.60	24982.80	1218.05	
118781349	MANZANARES, YOLANDA	0.00	7104.76	237.41	
582910633	MARCANO, EDWIN	worked 1.5 months 2025.00	5237.00	102.61	
	MARKUS, BORIS				
	MARKUS, INNA				
	MARKUS, MIKHAIL				

Page No. 6 of 12 Total this page only 62351.91 266215.03 12173.90
 If first page, enter grand totals
 of all pages

Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

For office use only
Postmark

Received date

--	--	--	--	--	--

--	--	--	--	--	--

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/05) and Unemployment Insurance Return - Attachment


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	X	Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY		

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
583955143	MARRERO, ANGEL worked 1 week	1600.00	3591.67	118.30	
068761569	MARTINEZ, ERLINDA	4347.99	15283.94	540.40	
599209900	MARTINEZ, FABIO worked 3 weeks	0.00	919.50	20.16	
584768190	MARTINEZ, GABRIELA	3940.14	15428.98	530.27	
077906959	MARTINEZ, TERESA supervisor	4120.00	17347.95	521.46	
097941050	MATEO, FEDERICO worked 1 month	0.00	1192.76	33.60	
098828502	MEDINA, MODESTA supervisor	2882.75	3260.75	32.13	
054869373	MEJIA, RAUL worked 1 week	0.00	231.00	3.04	
122926492	MEJIA, WILLY part time	1814.28	1814.28	44.83	
	MENDELEVICH, ELENA				
077906694	MENDELEVICH, SIMON	6899.90	25798.69	946.91	
124889450	MICHEL, ANDREMA	4372.79	16776.41	568.08	
087741622	MOCLES, ROSALVA	4111.99	13822.54	330.95	
764309466	MOLA, HEYDIN worked 1 month	0.00	1049.75	12.60	
123841614	MORALES, ARILDA worked 1 Month	0.00	3414.63	42.29	
Page No. <u>7</u> of <u>12</u> Total this page only		52902.34	190366.18	7279.64	
If first page, enter grand totals of all pages					

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark _____

Received date _____

NYS-45-ATT-MN
(1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	<input checked="" type="checkbox"/> Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY	

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals	
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
021885633	MORALES, FAVIOLA	4033.24	13951.90	395.40
634815263	MOREIRA, ELMER worked 1 month	0.00	954.00	15.65
562820667	MUICELA, ANA part time	3663.00	6534.38	99.88
093905429	MUNOZ, ALMA R	3615.75	5669.50	74.80
678092143	MURILLO, NORMA A Supervisor	3211.01	5543.51	28.68
155069976	NARIMANOV, RAMAY	7185.90	26966.25	886.96
126889565	NUNEZ, CARMELINA Part time	3260.38	4659.88	90.98
115861967	NUNEZ, LOURDES Part time	4800.00	17495.30	489.75
074744659	NUNEZ, VALENTINA	3931.39	14988.58	406.26
079928098	OFORT, OWUSU worked 1 week	0.00	264.00	0.96
582374366	OLIVIERI, DANIEL worked 1 week	0.00	312.50	10.60
127687670	ORISME, CELLIE	3568.38	15732.40	546.10
111606272	ORTIZ, CARLOS	4244.99	12767.75	365.37
074841846	ORTIZ, PAOLA A Part time	2114.14	5644.78	164.64
109461114	ORTIZ, RAFAEL was hired for a sp job	5950.00	9357.14	433.08
583372922	PACHECO, CARMELO Part time	4003.79	8500.87	225.70
Page No. 8 of 12 Total this page only		53581.97	149342.74	4234.81
If first page, enter grand totals of all pages				

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only

Postmark

Received date



NYS-45-ATT-MN (1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


6 0 5 2 1 4 1 5

Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	<u>2</u>	Apr 1- Jun 30	<u>3</u>	July 1- Sep 30	<u>4</u>	Oct 1- Dec 31	<u>5</u>	Tax Year
------------------	----------	------------------	----------	-------------------	----------	------------------	----------	-------------

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
125661529	PAGUERO, LEONEL <i>worked 1 week</i>	0.00	142.80	0.89	
687384958	PANTLE, ANA <i>worked 1 Month</i>	0.00	809.00	8.89	
093903142	PAYERO, ANGELA <i>Supervisor</i>	4285.77	14210.29	356.43	
068921207	PENA, FRANCISCO	4805.99	18005.83	749.06	
165287954	PEREZ, JAQUELINE	3516.70	15200.19	211.44	
581359400	PEREZ, JOSE L	3712.02	7415.27	215.67	
081924834	PEREZ, MARIBEL	0.00	6738.49	386.07	
069564806	PEREZ, RAFAEL <i>Part Time</i>	0.00	1150.00	64.58	
021885611	PESADO, MARIOLA <i>Part Time</i>	4363.15	15761.30	423.65	
058283667	PIAZZA, SANTA	0.00	6012.96	115.67	
219461837	PINADA, DALILA <i>Part Time</i>	0.00	2437.50	23.80	
121764536	PINDER, MARCUS <i>was working for Sp Job</i>	857.27	4471.94	24.40	
	POLYACHENKO, VASILI				
143890768	PRIMERO, MARICELA	0.00	7430.21	223.09	
217530003	QUEDRAGO, QUSMANE <i>worked 1 week</i>	0.00	117.48	0.34	
066881098	RADONCIPI, SHPEND <i>worked 1 week</i>	0.00	170.00	1.14	
age No. <u>9</u> of <u>12</u> Total this page only		27090.90	120523.18	3564.57	
If first page, enter grand totals of all pages					

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only
Postmark

NYS-45-ATT-MN
(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	<input checked="" type="checkbox"/> X Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY	

B. Other wages only reported on this page C. Seasonal employer **Employer Legal Name:**

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
085500988	RAMOS, JUAN worked 2 weeks	0.00	529.75	7.36	
671261394	REINOSO, RAFAEL worked 1 week	1090.50	1306.50	28.00	
583852411	REVERA, JAVIER worked 1 month	0.00	1846.00	19.95	
016833278	REYES, OFELIA Supervisor	4142.34	15024.72	324.03	
583721423	RIVERA, FRANCISCO part time	5600.00	19641.66	579.78	
120927479	RIVERA, ROSA Part Time	2691.50	8574.13	162.48	
581996922	RIVERA, WILBERT E worked 1 week	133.25	133.25	0.34	
133708197	ROBLES, ANGEL L worked 1 week	0.00	250.25	0.84	
095921136	RODRIGES, ANTONIO part time	4718.00	17317.05	518.50	
592516077	RODRIGUEZ, ADALGIZA	4062.76	15237.61	552.62	
129922653	RODRIGUEZ, CARMEN D	4893.49	18338.91	684.49	
023083421	RODRIGUEZ, JAQUELIN	3165.76	4791.76	50.35	
107881464	RODRIGUEZ, JEIME	4430.00	17449.39	659.24	
584923997	RODRIGUEZ, JOSE A worked 1 week	2400.00	2400.00	128.85	
584956164	ROQUE, WILFREDO worked 1.5 month	0.00	3610.40	67.86	
051904212	ROSALES, RODRIGO worked 1 month	0.00	2085.00	39.79	
Page No. 10 of 12 Total this page only		37327.60	128536.38	3824.48	
If first page, enter grand totals of all pages					

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only
Postmark

--	--	--

--	--	--

NYS-45-ATT-MN (1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


6 0 5 2 1 4 1 5

Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	X Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY	

B. Other wages only reported on this page C. Seasonal employer **Quarterly employee/payee wage reporting information****Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
✓ 583415545	ROSARIO, CARLOS O	4009.69	14231.54	298.46
✓ 110889784	SALAZAR, AURA worked 2 week	0.00	575.71	20.47
090609011	SALES, GENARO worked 1 month	0.00	624.00	3.55
583865960	SANCHEZ, DANUEL worked 1 month	0.00	1017.00	7.57
582299203	SANCHEZ, HECTOR part time	4140.00	9613.94	249.64
082784903	SANCHEZ, JUANA part time	3284.50	9583.30	209.69
086608606	SANTIAGO, EDGARDO worked 2 weeks	0.00	396.00	2.46
098560251	SANTOS, LUIS part time	0.00	9020.17	296.52
952701848	SARMIENTO, ROCIO part time	0.00	2217.00	41.72
122604857	SEPULVEDA, GENARO worked for Sp Job	0.00	5641.03	394.95
581351828	SIFUENTES, LUIS A.R worked 1 month	2206.76	2206.76	55.97
	SOLOVYEVA, SVETLANA			
583963037	SOTO, JAIME worked 1.5 month	0.00	2833.32	114.50
113423344	SOTO, JOSEPHINE worked 1 month	0.00	1125.01	21.91
098561467	TERRON, EVELYN R office	0.00	2159.50	30.77
118567498	TERRON, JESUS worked 1 month	0.00	685.71	18.02
Page No. 11 of 12 Total this page only		21340.95	91079.99	3534.72

If first page, enter grand totals
of all pages
 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

For office use only

Postmark

--	--	--	--	--	--

--	--	--	--	--	--

NYS-45-ATT-MN
(1/05) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	<input checked="" type="checkbox"/> Oct 1- Dec 31	05	Tax Year
1	2	3	4	YY	

B. Other wages only reported on this page C. Seasonal employer **Quarterly employee/payee wage reporting information****Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
073745624	TOMAS, ELISEO Part time	4635.00	17285.00	419.53
103909704	TOUNKARA, MAKHA worked 1 month	0.00	1805.01	49.01
087685849	VAIDEZ, MELVIN Part time	3033.76	3033.76	87.06
472737984	VAQUERO, ANGEL worked 1.5 month	0.00	2304.88	34.08
473833659	VAQUERO, RODRIGO	4813.06	18152.12	599.85
146957123	VAQUERO, WILFRIDO	4099.90	15169.10	364.35
122689754	VEGAZO, ANGEL Y worked 1 month	1800.03	1800.03	64.72
627012738	VIKLEA, ISABEL Part time	4006.94	14522.42	322.85
679097622	ZALDIVAR, MIRIAM Part time	3194.51	3655.01	21.92

Page No. 12 of 12 Total this page only 25583.20 77727.33 1963.37
If first page, enter grand totals
of all pages

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only
Postmark _____

Received date _____

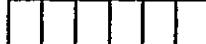


EXHIBIT L

NYS-45-MN (1/06)

Reference these numbers in all correspondence:

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return**

40611419

Employer
Registration Number 46 41541 9

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Apr 1 - July 1 - Oct 1 - X Tax year 06
Mar 31 Jun 30 Sep 30 Dec 31

1 2 3 4 Y Y

Withholding
Registration Number 11 3150042 8
Employer Legal Name:
& M LINEN

FOR OFFICE USE ONLY

Postmark _____

Received Date				
UR	AI	ST	WT	SK

Number of Employees
Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First Month

b. Second Month

c. Third Month

130

If seasonal employer, mark an X in the box.....

Part A - Unemployment Insurance (UI) Information**Part B - Withholding Tax (WT) Information**

Total remuneration paid this quarter

566783 . 0 0

12. New York State tax withheld

12506 . 41

Remuneration paid this quarter to each employee in excess of \$8,500 since January 1

443871 . 0 0

13. New York City tax withheld

7365 . 24

Wages subject to contribution (subtract line 2 from line 1)

122912 . 0 0

14. Yonkers tax withheld

0 . 00

UI contributions due

Enter your

Tax rate 3.3250%

4086 . 82

15. Total tax withheld (add lines 12, 13 and 14)

19871 . 65

Re-employment service fund (multiply line 3 x .00075)

92 . 18

16. WT credit from previous quarter's return (see instr.)

0 . 00

UI previously underpaid with interest

0 . 00

17. Form NYS-1 payments made for quarter

0 . 00

Total of lines 4, 5, and 6

4179 . 00

18. Total payments (add lines 16 and 17)

0 . 00

Enter UI previously overpaid....

0 . 00

19. Total WT amount due (if line 15 is greater than line 18, enter difference)

19871 . 65

Total UI amounts due (if line 7 is greater than line 8, enter difference).

4179 . 00

20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and make an X in Box 20a or 20b)

0 . 00

Total UI overpaid (if line 8 is greater than line 7, enter difference and check box 11 below)*

0 . 00

20a. Apply to outstanding liabilities and/or refund

or 20b. Credit to next quarter withholding tax

Apply to outstanding liabilities and/or refund

21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes)

24050 . 65

* An overpayment of either tax cannot be used to offset the amount due on the other tax.
Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

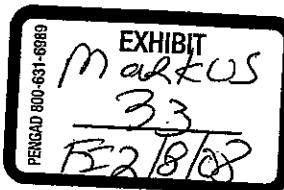
Part C - Employee Wage and Withholding Information

Quarterly employee/payee wage reporting information (if more than 5 employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT).

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instructions)	e Total tax withheld
------------------------	-----------------------------------------	-------------------------------------------------------	--------------------------------------------------	----------------------



Totals (Column c must equal remuneration on line 1; see instructions for exceptions.)

I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct and complete.

Employer's signature

Signer's name (please print)

Title

Date
10-17-2007

Telephone number

NYS-45-ATT-MN
^(1/06) Quarterly Combined Withholding, Wage Reporting,
 and Unemployment Insurance Return - Attachment


60611413

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year	06
1	2	3	4		Y	Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
132908834	ABRAHAM, SIMONIS <i>Supervisor</i>	6436.09	22111.09	1096.19
577313915	ADEDABA, YACOUBA <i>Supervisor</i>	6417.37	22967.37	815.84
083766909	AFOLABI, LASUPO <i>part timer</i>	0.00	7925.00	368.31
084673543	AGULLAR, REMEDIOS	4505.35	6480.07	158.68
099740809	ALBA, MARGARITA N <i>worked 1 week</i>	0.00	313.88	2.33
133725685	ALCANTARA, VICTOR <i>Independent</i>	8048.84	28033.84	1497.47
112827894	ALVAREZ, CARLOS <i>working month</i>	1051.63	1051.63	30.08
610660103	ALVAREZ, CLAUDIA	5007.00	16331.51	459.94
117865625	ALVAREZ, JOSE JULIO	7413.78	26573.18	1268.87
548999956	ALVAREZ, MODESTA	4482.15	13159.26	390.25
121927959	AMARO, ISABEL M	5117.15	16093.86	381.82
089896543	ARANDA, JOSE	0.00	7000.00	148.12
102716820	AUGUSTIN, ESPFANIA	4590.38	13838.27	272.33
592542125	BAPTISTE, SONILIA <i>Supervisor</i>	1562.00	13658.80	472.66
729050437	BEATO, YUNICY <i>Part timer</i>	0.00	1677.75	21.54
113827056	BENITEZ, ANNA	4967.49	13890.14	364.05
age No. <u>1</u> of <u>13</u> Total this page only		59599.23	211105.65	7748.48
If first page, enter grand totals of all pages		566783.09	1902694.77	64603.71

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
Office use only
sticker

--	--	--	--	--

--	--	--	--	--

Received date

NYS-45-ATT-MN
(1/06)Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment

60611413

Withholding Identification Number: 113150042 8

Mark an X in the applicable box(es):
A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year	06
1	2	3	4		Y	Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information

Annual wage and withholding totals

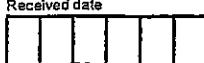
If this return is for the 4th quarter or the last
return you will be filing for the calendar year,
complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
089554763	BENLTEZ, ESTHER <i>part timer</i>	4029.10	5659.25	67.45
090589888	BERRIOS, EVELYN <i>Office</i>	315.00	11482.50	365.94
580058819	BLYDEN, GRACIA	2920.95	10664.31	252.72
123688132	BOBET, ILKA <i>part timer</i>	0.00	1833.38	44.61
090602672	BOBET, SANTOS R <i>part timer</i>	0.00	7842.87	378.88
064887390	BOELONG, FERNAND <i>working 1 month</i>	0.00	2253.37	52.83
141114586	BOUDA, YABRE VICTOR <i>Supervisor</i>	0.00	4616.42	175.67
142749630	BRAVO, MIRIAN	5304.07	16827.44	364.81
765073771	CABRERA, LEONEL	7101.11	23979.59	1219.31
132584184	CALO JR., JOSE E	0.00	2650.00	58.56
629117120	CANSINO, ANDREA <i>Supervisor</i>	3841.73	12258.29	127.59
098781009	CASTELAN, ROCIO	4238.64	12726.42	187.76
582739111	CASTELL, DAVID <i>part timer</i>	0.00	3475.00	174.14
055094764	CASTILLO, ABDULIO <i>part timer</i>	0.00	8375.33	147.48
082968778	CASTILLO, CHRISTIAN <i>part timer</i>	350.63	350.63	13.50
075744221	CASTRO, GUILERMO <i>working 1 month</i>	0.00	5476.66	316.46
ge No. <u>2</u> of <u>13</u> Total this page only		28101.23	130471.46	3947.71

If first page, enter grand totals
of all pagesMail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

For office use only

Postmark



NYS-45-ATT-MN
^(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year	06
1	2	3	4		Y	Y

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
099821093	CEBALLAS, ALTAGRACI	4052.70	13498.19	344.64
106642013	CHECO, AMBIORIX <i>Supervisor</i>	4468.56	10464.06	341.98
112943728	CISSE, INZA <i>part timer</i>	5094.46	17220.99	603.43
624322747	CORDOBA, MARITZA	4517.48	14282.34	378.28
581791025	CRUZ, SUJALLY <i>Supervisor</i>	4343.26	13941.77	285.95
599380744	DE ACOSTA, EPIFANIA <i>Part timer</i>	2483.42	2483.42	49.08
118948140	DELA CRUZ, VLADIMIR <i>working 1 month</i>	0.00	1545.77	37.67
084662461	DE-LA-CRUZ, ROLANDO <i>working 1 month</i>	0.00	956.80	10.72
059728265	DESTIR, SIMONE <i>Part timer</i>	0.00	7108.76	231.55
105902976	DIAZ, JOSE	4008.55	16199.23	604.80
054759853	DIAZ, SUSANA	4233.71	13784.35	337.67
078940356	DJABAJKATIE, DEYADE <i>Supervisor</i>	4531.65	15616.05	399.05
100585586	DOMINGUEZ, CATALINA <i>Office</i>	4324.80	11674.80	281.10
066903365	DYITEYE, AISSA	4709.84	15737.06	370.39
054702999	ESCONO, LUZ <i>Supervisor</i>	6642.66	17541.02	611.80
767248107	FERNANDEZ, FRANCIS	3205.95	12160.86	321.78
age No. <u>3</u> of <u>13</u> Total this page only		56617.04	184215.47	5209.89
If first page, enter grand totals of all pages				

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

--	--	--	--

--	--	--	--

NYS-45-ATT-MN **Quarterly Combined Withholding, Wage Reporting,
(1/06) and Unemployment Insurance Return - Attachment**


60611413

Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
1	2	3	4	X	06 YY

Employer Legal Name:

B & M LINEN

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
583396221	FIGUEROA, MIGUEL E	3785.83	7009.33	195.05
105686832	FLORES, EDGAR <i>part timer</i>	6380.00	23930.00	1165.73
070449128	FLORES, MARILU	1055.20	9548.64	140.46
063622798	FRANCISCO, ROMAN <i>part timer</i>	6000.00	20569.00	861.02
088823633	FRANCO, ANGELA L.	4132.50	12460.46	251.64
584049432	FRED, BARRY <i>part timer</i>	0.00	2181.63	34.82
121765643	GALENO, MARLEN	0.00	367.88	2.79
132947876	GARCIA, MARIA <i>part timer</i>	4667.12	14356.87	192.55
981259876	GARCIA, YOSEPAT <i>part timer</i>	4066.53	5463.79	166.85
172025563	GAVILAN, JUANA <i>part timer</i>	1546.63	1546.63	36.35
059881625	GONZALEZ, ANTONIO <i>part timer</i>	3891.05	4933.94	137.36
382899406	GONZALEZ, KENNY U <i>worked 1.5 months</i>	645.50	2645.50	84.72
103703626	GONZALEZ, KRISTIAN <i>worked 2 weeks</i>	0.00	951.75	22.93
065681482	GONZALEZ, NATALLE <i>worked 1 month</i>	246.38	1322.99	11.19
963741381	GONZALEZ, NORMA <i>Part timer</i>	0.00	7203.75	184.75
117909416	GUZMAN, ELVIS <i>worked 1 month</i>	0.00	2000.00	51.44
Page No. <u>4</u> of <u>13</u> Total this page only		38416.74	116492.16	3539.65

 If first page, enter grand totals
 of all pages

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

 For office use only
 Postmark _____ Received date _____

NYS-45-ATT-MN **(1/06)** **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	<input type="checkbox"/>	X	Tax Year
------------------	------------------	-------------------	------------------	--------------------------	---	-------------

1	2	3	4	YY
---	---	---	---	----

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**
 If this return is for the 4th quarter or the last
 return you will be filing for the calendar year,
 complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insir.)	e Total tax withheld
597429084	GUZMAN, VIOLETA supervisor	5162.78	16440.98	375.98
060883871	HEREDIA, WILLIAM	4203.20	14211.64	475.40
980715465	HERNANDEZ, ANTONIA	4875.06	15725.53	353.04
058900017	HERNANDEZ, CARLA	4223.70	12716.36	214.46
040422102	HERNANDEZ, DIONICIA	1762.56	10820.64	139.72
087889231	HERNANDEZ, JILOMENA supervisor	5116.45	13807.84	393.47
119766869	HERNANDEZ, MIGUEL worked 1 week	580.50	580.50	3.93
129822521	HERNANDEZ, WENDY	4094.68	12572.65	248.11
295647291	HERNANDEZ, ZENAIDA	957.90	10503.96	183.97
069922336	JEAN, RENEL part timer	0.00	1380.00	43.55
101527515	JERES, LUCIANO worked 1 week	0.00	327.38	0.05
058727245	JOURDAIN, CLERMELIE supervisor	4524.40	15116.18	416.77
	KANTOROVICH, VLADIS		--	--
133708981	KERCADO, VICTOR worked 3 days	0.00	158.63	1.03
065940244	KOLLIE, RICHARD was hired for 5 days	0.00	5000.00	233.70
582873902	LACEN, ANGEL part timer	6010.00	22560.00	855.89
age No. <u>5</u> of <u>13</u> Total this page only		43611.23	154022.29	4060.55
If first page, enter grand totals of all pages				

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark
 Received date

NYS-45-ATT-MN
(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
1	2	3	4		06 YY

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insr.)	e Total tax withheld	
582872870	LACEN, ELIECER <i>part timer</i>	4980.00	18444.29	545.01	
	LEON, BRAULIO A				
055923980	LOPES, JOSE	7357.50	25402.06	1155.80	
052728475	LOPEZ, ARIEL A <i>worked 3 week</i>	0.00	897.75	21.86	
910451278	LOPEZ, NANDI O <i>worked 1 month</i>	0.00	1416.46	29.87	
597428120	LORA, MARCOS <i>was hired for sp job</i>	0.00	5013.54	128.96	
116861289	MAISONAVE, NANCY	4311.36	15206.69	489.48	
584877651	MALDONADO, JOSE	4788.16	17194.51	614.19	
099644972	MANGRUM, MARGUIS	8324.00	29533.40	1625.34	
	MARKUS, BORIS				
	MARKUS, INNA				
	MARKUS, MIKHAIL				
	MARKUS, MIRON				
192706481	MARTINEZ, ANA <i>part timer</i>	4188.38	5490.38	95.92	
068761569	MARTINEZ, ERLINDA	0.00	4966.86	179.93	
584768190	MARTINEZ, GABRIELA	4889.06	15403.97	502.97	
age No. <u>6</u> of <u>13</u> Total this page only		89126.26	339407.71	16880.29	
If first page, enter grand totals of all pages					

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

 For office use only
 Postmark _____ Received date _____

NYS-45-ATT-MN
^(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31.	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
1	2	3	4		06

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld	
077906959	MARTINEZ, TERESA Supervisor	5173.85	15659.83	410.93	
116564250	MARTINEZ, TONY worked 1 month	1542.85	1542.85	93.71	
122649052	MARTY, JUAN L worked 1 month	0.00	1309.00	4.79	
098828502	MEDINA, MODESTA Supervisor	3851.75	11841.02	135.42	
077341218	MEDINA, SABINO part timer	3400.00	9108.33	229.23	
041675612	MEJIA, JORGE A was hired for Sp Job	0.00	4628.99	135.29	
052233019	MEJIA, SANTOS part timer	3358.30	9608.30	241.88	
122926492	MEJIA, WILLY part timer	0.00	11050.00	334.73	
	MENDELEVICH, ELENA				-- --
077906694	MENDELEVICH, SIMON	8881.09	29149.89	1155.72	
584255180	MERCADO, HAYDEE worked 2 weeks	0.00	735.00	11.16	
	MESZAROS, CHRISTIAN				
124889450	MICHEL, ANDREMA	4725.42	14203.27	408.28	
087741622	MOCLES, ROSALVA	4237.76	14897.05	401.66	
078537865	MORALES, ELENA	4405.39	4405.39	73.89	
021885633	MORALES, FAVIOLA	0.00	4316.61	120.87	
age No. 7 of 13 Total this page only		54826.41	178788.90	6285.90	
If first page, enter grand totals of all pages					

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

 For office use only
 Postmark _____ Received date _____

NYS-45-ATT-MN
^(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
1	2	3	4	X	06

B. Other wages only reported on this page

C. Seasonal employer

Employer Legal Name:

B & M LINEN

Quarterly employee/payee wage reporting information			Annual wage and withholding totals		
a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insr.)	e Total tax withheld	
187564320	MOROCHO, ROSA worked 2 weeks	0.00	523.13	0.00	
562820667	MUICELA, ANA part timer	3754.73	12385.54	110.43	
093905429	MUNOZ, ALMA R	5117.71	13385.46	175.07	
678092143	MURILLO, NORMA A Supervisor	4608.64	13812.65	122.99	
034455836	NADALEZ, MARISOL	1576.72	1576.72	18.31	
155069976	NARIMANOV, RAMAY	7571.38	27983.78	958.22	
045563201	NORALES, SILVIE	3728.13	5800.42	134.42	
05084478	NORIEGA III, NELSON was in for SP job 4 months	4126.49	4825.12	157.74	
126889565	NUNEZ, CARMELINA part timer	0.00	221.00	3.58	
115861967	NUNEZ, LOURDES part timer	4512.75	15084.43	319.36	
074744659	NUNEZ, VALENTINA	0.00	4078.29	96.98	
584537634	OLIVARI, LUIS worked 2 weeks	0.00	509.64	4.43	
127687670	ORISME, CELLIE	4808.11	14585.55	491.08	
111606272	ORTIZ, CARLOS	0.00	8186.50	200.77	
093523710	ORTIZ, EDWIN part timer	5844.95	10419.95	397.16	
128667048	ORTIZ, MIGUEL R worked 1.5 months	3014.20	3014.20	85.72	
Page No. 8 of 13 Total this page only		48663.81	136392.38	3276.26	
If first page, enter grand totals of all pages					

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

--	--	--	--

--	--	--	--

NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/06) and Unemployment Insurance Return - Attachment


60611413

Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Employer Legal Name:

B & M LINEN

Jan 1-Mar 31	Apr 1-Jun 30	July 1-Sep 30	Oct 1-Dec 31	X	Tax Year	06
1	2	3	4		Y	Y

B. Other wages only reported on this page

C. Seasonal employer:

Quarterly employee/payee wage reporting information

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insr)	e Total tax withheld
109461114	ORTIZ, RAFAEL was hired for Sp Job	0.00	15950.27	775.23
583372922	PACHECO, CARMELO part timer	2246.26	11947.91	278.69
093903142	PAYERO, ANGELA Supervisor	4733.43	15417.69	384.86
068921207	PENA, FRANCISCO	4989.91	16367.05	620.37
054740156	PENA, JENNIFER worked 1 month	900.00	900.00	29.10
062966150	PEREZ, GLADYS E	4031.71	5803.62	162.48
165287954	PEREZ, JAQUELINE	4633.40	13414.00	131.86
581359400	PEREZ, JOSE L	4191.35	10072.47	241.52
129742559	PEREZ, LUIS E worked 2 weeks	0.00	712.13	17.04
134605706	PEREZ, MICHAEL worked 1 month	0.00	1036.14	2.73
021885611	PESADO, MARIELA Part timer	4908.84	15265.59	274.84
094825596	PITTER, GEOFFERE G part timer	8100.00	18900.00	1155.06
	POLYACHENKO, VASILI		"	"
052848856	RAMIREZ, EDWIN worked 1 week	0.00	151.88	0.69
113584748	RAMIREZ, SANDRA worked 2 weeks	0.00	740.79	9.74
066121342	RAMOS, BANNY Part timer	3304.51	3304.51	59.26
age No. 9 of 13 Total this page only		42039.41	136759.05	4425.62
If first page, enter grand totals of all pages				

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119
For office use only
Postmark

--	--	--	--

--	--	--	--

NYS-45-ATT-MN (1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


60611413

Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31 Apr 1- Jun 30 July 1- Sep 30 Oct 1- Dec 31 X Tax Year 06

1 2 3 4 YY

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**
 If this return is for the 4th quarter or the last
 return you will be filing for the calendar year,
 complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
128580747	RAMOS, CARLOS worked 1 week	0.00	226.13	1.63
584891922	RAMOS, PEDRO worked 1.5 month	0.00	2038.48	35.59
016833278	REYES, OFELIA Supervisor	4141.42	13607.84	248.80
597803014	RIJO, BARBARIN ALCA part timer	4389.63	9198.89	207.05
582858259	RIVERA, CHALIN part timer	2332.25	2332.25	63.99
584727682	RIVERA, EDIBERTO COWORKED 1 month	0.00	2156.89	56.13
583721423	RIVERA, FRANCISCO part timer	7080.00	25563.33	995.15
597018616	RIVERA, JOSE worked 1 week	558.75	558.75	19.17
582575247	RIVERA, MARCOS worked 1 week	0.00	151.88	0.69
120927479	RIVERA, ROSA part timer	4416.92	13369.94	138.64
581996922	RIVERA, WILBERT E worked 1 week	0.00	416.00	7.92
069958120	ROBLEDO, LUIS part timer	3458.33	11141.67	270.94
095921136	RODRIGES, ANTONIO part timer	5120.00	18931.28	615.64
592516077	RODRIGUEZ, ADALGIZA	5004.44	16896.20	620.36
129922653	RODRIGUEZ, CARMEN D	5502.81	17257.70	616.29
118866764	RODRIGUEZ, HILSON part timer	3085.00	4370.70	142.37
Page No. 10 of 13 Total this page only	45089.55	138217.93	4040.36	

 If first page, enter grand totals
 of all pages

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

For office use only



NYS-45-ATT-MN
^(1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
1	2	3	4		06 YY

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information
Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
023083421	RODRIGUEZ, JAQUELIN	5046.10	13400.24	100.73
107881464	RODRIGUEZ, JEIME	0.00	5329.04	188.31
584575157	ROJAS, CRISTOBAL L <i>part timer</i>	0.00	7166.38	100.72
055541069	ROSADO, ANTHONY <i>worked 1 week</i>	300.00	300.00	9.70
102583957	ROSADO, JOSE <i>worked 3 weeks</i>	0.00	1059.76	10.87
583415545	ROSARIO, CARIOS O	0.00	1531.11	24.07
086050473	RUEDA, PETRA <i>part timer</i>	2217.53	2217.53	30.44
067648783	SANCHEZ, ANTHONY <i>worked 1.5 month</i>	0.00	2545.87	108.43
582299203	SANCHEZ, HECTOR <i>part timer</i>	0.00	5105.54	150.08
082784903	SANCHEZ, JUANA <i>part timer</i>	0.00	6028.93	139.54
106729957	SANTIAGO, RADHAMES <i>part timer</i>	4200.78	4599.04	152.97
581351828	SIFUENTES, LUIS A.R <i>worked 1 month</i>	0.00	1046.50	17.81
076809669	SILVA, DULCE <i>part timer</i>	2764.25	2764.25	89.03
583177018	SILVA, NANCY <i>worked 1.5 month</i>	500.00	500.00	10.67
	SOLOVYEVA, SVETLANA			
134628340	THAXTON, PARRISH M <i>worked 1 month</i>	773.89	1773.89	77.54
Page No. <u>11</u> of <u>13</u> Total this page only		23952.55	83968.08	2979.43
If first page, enter grand totals of all pages				

Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

or office use only
postmark



NYS-45-ATT-MN (1/06) **Quarterly Combined Withholding, Wage Reporting,
and Unemployment Insurance Return - Attachment**


Withholding Identification Number: 113150042 8

 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	<input checked="" type="checkbox"/> X	Tax Year
1	2	3	4		06

B. Other wages only reported on this page

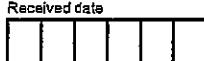
C. Seasonal employer

Quarterly employee/payee wage reporting information**Annual wage and withholding totals**

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see insir.)	e Total tax withheld
073745624	TOMAS, ELISEO <i>part timer</i>	5149.62	18774.62	514.89
085504666	TORRES, JOSE <i>Part timer</i>	6090.00	6090.00	274.64
583517978	TORRES, RAUL <i>worked 2 weeks</i>	0.00	465.76	10.82
583829793	TORREZ, LINNETTE <i>worked 1 month</i>	633.50	2218.01	14.20
074625555	TRINIDAD, BUENAVENT <i>worked 1 month</i>	140.50	2140.50	72.30
115561594	URBISTONDO, RAYMOND <i>worked 2 weeks</i>	0.00	560.26	8.54
087685849	VAIDEZ, MELVIN <i>Part timer</i>	0.00	1041.63	29.50
584953166	VALEZ, MIGUEL A <i>Part timer</i>	500.00	500.00	8.32
133708764	VALLE, IVAN <i>worked 1 week</i>	0.00	199.13	0.69
473833659	VAQUERO, RODRIGO	5227.61	17060.70	518.76
146957123	VAQUERO, WILFRIDO	0.00	5365.92	152.64
054803376	VASQUEZ, CARLOS A <i>Supervisor</i>	4089.63	6207.13	151.36
066804532	VASQUEZ, FRANCISCA <i>worked 1.5 months</i>	3190.36	3190.36	62.66
102586229	VEGA, ROBERTO <i>worked 1 month</i>	1971.40	1971.40	93.09
584478671	VERDEJO, RAMON <i>worked 1 week</i>	0.00	138.38	0.07
627012738	VIKLEA, ISABEL <i>part timer</i>	4980.61	15685.21	211.38
Page No. <u>12</u> of <u>13</u> Total this page only			33973.23	81609.01
If first page, enter grand totals of all pages				2123.86

 Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

 For office use only
 Postmark


NYS-45-ATT-MN Quarterly Combined Withholding, Wage Reporting,
 (1/06) and Unemployment Insurance Return - Attachment



60611413

Withholding Identification Number: 113150042 8
 Mark an X in the applicable box(es):
 A. Original or Amended return

Jan 1- Mar 31	Apr 1- Jun 30	July 1- Sep 30	Oct 1- Dec 31	X	Tax Year
------------------	------------------	-------------------	------------------	---	-------------

1	2	3	4	YY
---	---	---	---	----

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information

Annual wage and withholding totals

If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Social security number	b Last name, first name, middle initial	c UI total remuneration/gross wages paid this quarter	d Gross wages or distribution (see instr.)	e Total tax withheld
069680031	WILLIAMS, EDWARD <i>worked 1 week</i>	0.00	313.88	0.48
592658233	YOUNG, EVERTON <i>part time</i>	2766.40	2766.40	53.50
679097622	ZALDIVAR, MIRIAM <i>part timer</i>	0.00	8164.40	31.73

ge No. 13 of 13 Total this page only 2766.40 11244.68 85.71
 If first page, enter grand totals
 of all pages

Mail to: NYS EMPLOYMENT TAXES
 PO BOX 4119
 BINGHAMTON NY 13902-4119

or office use only
postmark

Received date



Withholding
Identification Number 113150042 8



Part D - NYS-1 corrections/additions

40 611426

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

^a Original last payroll date reported on Form NYS-1, Line A (MMDD)	^b Original total withheld Reported on Form NYS-1, Line 4	^c Correct last payroll date (MMDD)	^d Correct total withheld
-----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------	--------------------------------------------------

Part E - Change of business information

- Enter below the address at which you want to receive this form, if different from the preprinted address.

B & M LINEN

220 COSTER STR
BRONX, NY 10474

Taxpayer's trade name		
c/o: <input type="checkbox"/> attn: <input type="checkbox"/> (if applicable, mark either box and enter name)		
Number and street or PO box		
City	State	ZIP code

If the above address is for your paid preparer, mark this box and the c/o box, and enter preparer's name on the second line above.....

If you **permanently ceased paying wages**, enter the date (MMDDYY) of the final payroll
(see Note below).....

Did you sell or transfer all or part of your business? Yes No

If Yes, indicate if sale or transfer was in Whole or Part

Complete Form DTF-95, *Business Tax Account Update*, to report changes in federal identification number/ withholding ID number, ownership, business name, business activity, telephone number, owner/officer/partner/responsible person information or changes that affect any other tax administered by the NYS Tax Department. For questions regarding additional changes to your unemployment insurance account, call the Department of Labor at (518) 485-8589 or 1 888 899-8810.

If you are using a paid preparer or a payroll service, the section below must be completed.

Preparer's name	Preparer's signature	Telephone number	Date	Mark an X if self-employed	Preparer's SSN or PTIN
	WEINSTEIN, GALAK & CO	7189346445	101707		
Preparer's firm name (or yours, if self-employed)		Address	3105 BRIGHTON 3RD ST., BROOKLYN, NY 11235	Preparer's EIN	201069826
Payroll service name		Payroll service's EIN			

Checklist for mailing:

- File original return and keep copy for your records
- Complete lines 9 and 19 to ensure proper credit of payment
- Enter your Withholding ID Number on your remittance
- Make remittance payable to *NYS Employment Taxes*
- Enter your telephone number in boxes below your signature
Need help or forms? Call 1.800 972-1233

Mail to:

NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119